
(Patient Name)

**Your pharmacist has received a message from Medicaid
that it will not pay for your prescription for**

(Drug Name)



The reason given for not paying for this prescription is that:

- _____ Your prescription is written for more than the allowed amount.
- _____ Filling this prescription will put you over Medicaid's limit of paying for 5 brand name drugs in a month.
- _____ Medicaid does not pay for this drug.
- _____ Medicaid records show that you already have a prescription for a similar drug.
- _____ It is too early to refill this prescription.
- _____ Your doctor's license is not on file with Medicaid.
- _____ Other _____
- _____ Medicaid must give special permission to use this drug. Medicaid did not give permission to fill your prescription because:
 - _____ You have not tried other prescribed generic, over-the-counter or preferred brand drugs.
 - _____ There is no record of you being on this drug for a required amount of time.
 - _____ This drug is not approved for your disease or condition.
 - _____ Your record does not show the use of other pain medicines or pain relieving therapies.
 - _____ Other _____

What you can do:



If your prescription was not approved, talk to your doctor or pharmacist to find out:

- _____ If an Override is needed from Medicaid.
- _____ If Prior Authorization (PA) is needed from Medicaid.
- _____ If Medicaid has all the facts it needs to approve this drug for you.
- _____ If your doctor can prescribe another drug that will work for you.
- _____ Other _____

*If you have taken all the steps listed above and the problem still is not fixed
you may send an e-mial to almedicaid@medicaid.alabama.gov
or call Medicaid at 1-800-362-1504. This is a free call.*

What You Need to Know...



**If Alabama Medicaid
will not pay for
your prescription**